

## Liver Disease Questionnaire

Name  Male  Female Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Tobacco Use  No  Cigarettes  Other tobacco \_\_\_\_\_ Date quit? \_\_\_\_\_

State \_\_\_\_\_ Amount of Insurance \_\_\_\_\_ Type of Insurance \_\_\_\_\_

Occupation/Source of income: \_\_\_\_\_

1. Hepatitis diagnosed?  Hepatitis A,  Hepatitis B,  Hepatitis C,  Other Hepatitis, \_\_\_\_\_

specify: \_\_\_\_\_

2. Diagnosed with cirrhosis or liver cancer?  No  Yes- details: \_\_\_\_\_

3. Results of your most recent liver function tests: \_\_\_\_\_

AST/SGOT: \_\_\_\_\_ Date: \_\_\_\_\_ ALT/SGPT: \_\_\_\_\_ Date: \_\_\_\_\_ GGTP: \_\_\_\_\_ Date: \_\_\_\_\_

4. Have liver function results:  Increased  Decreased  Fluctuated  Stable \_\_\_\_\_

5. Treatment:  None  Interferon – Dates \_\_\_\_\_  Other: \_\_\_\_\_

6. Please indicate all liver follow up studies that apply:

Hepatitis A, B, C- Date: \_\_\_\_\_  Normal  Positive: details \_\_\_\_\_

Iron studies- Date: \_\_\_\_\_  Normal  Abnormal: details \_\_\_\_\_

Liver ultrasound or CT scan- Date: \_\_\_\_\_  Normal  Abnormal: details \_\_\_\_\_

Liver biopsy- Date: \_\_\_\_\_  Normal  Abnormal: details \_\_\_\_\_

RNA test- Date: \_\_\_\_\_  Normal  Abnormal, include amount if known: \_\_\_\_\_

7. How much alcohol do you currently drink?  None,  Occasional social drink,  1 to 2 drinks per day,  3 to 4 drinks per day,  5 or more drinks per day,  Weekend excess drinking.

8. Any driving while intoxicated violation or reckless driving  No  Yes- Dates: \_\_\_\_\_

### General Questions:

1. Do you have any other major health problems?  No  Yes – Details: \_\_\_\_\_

2. List all medications: \_\_\_\_\_

3. Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Most recent blood pressure reading: \_\_\_\_\_

Agent Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

The information gathered above will be used in the evaluation of the insurability of the applicant. All offers are tentative and are subject to verification of the submitted medical evidence and other criteria used in the underwriting of life insurance Copyright 2000 to 2013. By Fredric Berger. All rights reserved.